IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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P.O. Box 19928 Alexandria, Virginia					Date:	Septembe	r 10, 2003	
Telephone: (703) 836-6400 Facsimile: (703) 836-2787			MAIL STOP PATENT APPLICATION					
Customer Number:	NPROVISIONAL APPLICATION TRANSMITTAL RULE §1.53(b)							
Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450								
Sir:						Ė	8	
Transmitted herewith for filing under 37 C.F.R. §1.53(b) is the nonprovisional patent application								
For (Title):	IMAGE FORMING APPARATUS							
By (Inventors):	Yoshiteru HATTORI, Hideo YOSHIHARA, Shusaka TSUSAKA							
Formal drawings (Figs. 1-14; 14 sheets) are attached. Use Figure for front page of Publication. A Declaration and Power of Attorney is filed herewith. This application claims benefit of Provisional Application No filed (A Preliminary Amendment is attached to reflect this claim in the Specification if not already present.) This patent application is assigned to Brother Kogyo Kabushiki Kaisha. The executed Assignment is filed herewith. An Information Disclosure Statement is filed herewith. Entitlement to small entity status is hereby asserted. A Preliminary Amendment is filed herewith. Priority of foreign application No. 2002-325299 filed November 8, 2002 in Japan is claimed (35 U.S.C. §119). A certified copy of the above corresponding foreign application(s) is filed herewith. This application is NOT to be published under 35 U.S.C. 112(b). The undersigned attorney or agent hereby certifies that the invention disclosed in this application has not been and will not be the subject of an application filed in another country, or under a multilateral international agreement, that requires publication at eighteen months after filing. The filing fee is calculated below: CLAIMS IN THE APPLICATION AFTER ENTRY OF ANY PRELIMINARY AMENDMENT NOTED ABOVE SMALL ENTITY SMALL ENTITY								
FOR:	NO. FILED	NO. EXTRA	RATE	FEE	<u>OR</u>	RATE	FEE	
BASIC FEE				\$ 375	<u>OR</u>		\$ 750	
TOTAL CLAIMS	10 - 20	= *0	x 9=	\$	<u>OR</u>	x 18	\$	
INDEP CLAIMS	1 - 3	= *0	x 42 =	\$	<u>OR</u>	x 84	\$	
☐ MULTIPLE DEPENDENT CLAIMS PRESENTED			+ 140 =	\$	<u>OR</u>	+ 280	\$	
* If the difference is less than zero, enter "0".			TOTAL	\$	<u>OR</u>	TOTAL	\$ 750	
Check No. 146124 in the amount of \$750 to cover the filing fee is attached. Except as otherwise noted herein, the Commissioner is hereby authorized to charge any other fees that may be required to complete this filing, or to								

credit any overpayment, to Deposit Account No. 15-0461. Two duplicate copies of this sheet are attached.

Respectfully submitted,

James A. Olfff

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